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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
Eastern DIVISION

OSCAR GARNER, 2020126409

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

v.

DR. WALKER, JANE DOE - I NURSE, Medical
Director JANDI (NURSE), DANIEL KEEN: Jail
Adm.

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

Case No: _____
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury

☒ Yes ☐ No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Oscar Garnee

Other names you have used: _____

Prisoner Registration Number: 2020126409

Current Institution:

St. Charles County Jail, 301 N. Second St. St. Charles, MO 63301

Indicate your prisoner status:

<input checked="" type="checkbox"/> Pretrial detainee	<input type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1 [The Jail has a Rule Not to give you other employees Names]

Name: Dr. Walker

Job or Title: Doctor

Badge/Shield Number: _____

Employer: St. Charles County Jail

Address: 301 N. Second St., St. Charles, MO 63301

<input checked="" type="checkbox"/> Individual Capacity	<input checked="" type="checkbox"/> Official Capacity
---------------------------------------------------------	-------------------------------------------------------

• Medical Director (Jandi

• St. Charles County Jail

301 N. Second St.

St. Charles, MO 63301

Official & Individual Capacity

• DANIEL Keen

Jail Adm.

St. Charles County Jail

301 N. Second St.

St. Charles, MO 63301

Official & Individual Capacity

Defendant 2

Name: JANE DOE-1

Job or Title: Nurse

Badge/Shield Number: _____

Employer: St. Charles County Jail

Address: 301 N. Second St., St. Charles, Mo 63301



Individual Capacity



Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

1. GARNER Arrived At St. Charles County Jail on October 29th, 2020 late afternoon.

2. Once Arriving At St. Charles County Jail Garner spoke with a Nurse in intake, AND he explained that he was lactose intolerance and had irritable Bowel Syndrome AND both needed to be treated along with a diet AND she explained that I had to see the doctor AND she would put me on the list to see the doctor, Then Addressed the other issues regarding medical that Garner had.

3. On 11-9-20, I spoke with Nurse Jessica when she came on the unit asking when would I see the doctor about my Irritable Bowel Syndrome because I was starting to have problems and receive a Non-dairy diet tray. Jessica explained that I would have to get that treated by the doctor once I was off of quarantine because the doctor was not entering the building until all inmates were cleared of COVID-19, and per medical I would have to wait on the Doctor and there was nothing she could do.

4. On 11-17-20, a Nurse came to my cell to examine my knee after lunch and spoke to me about prednisone. After examining my knee I spoke with the nurse explaining the following...

I am lactose intolerance (severe) and have Irritable Bowel Syndrome and I am not receiving a Non-dairy diet which makes me have Vitamin D deficiency if I eat the food it causes diarrhea, nausea, vomiting and constipation as well as hemorrhoids. I need as my pain medication tramadol, for my Phenergan for nausea this is the meds. I take on the street for Irritable Bowel Syndrome. Right now I am not getting 2000 calories because I'm not eating dairy yet I am losing weight due to my calorie intake and not receiving anything for my off and on diarrhea & constipation. She the nurse explained we don't treat people at St. Charles jail for that however, you will have to wait to see the Doctor you are on the list to see the doctor.

5. On 11-18-20, when Nurse Michael was doing night meds, Garner asking about being seen for his lactose intolerance and Irritable Bowel Syndrome because he was in pain

And needed his medication and explained the medication he was on and why he needed it. Michael explained they don't treat that nor give that medication out, however he would need to speak with the doctor. When I explained to him that I was on the list he said well all you can do is wait on the doctor.

6. On 12-1-20, Nurse Dean came on the unit that even to do Garner's COVID-19 shot and he explained to the nurse he was in pain and needed medication he was not able to eat all of his food because he was severe lactose intolerance and had Irritable Bowel Syndrome and needed medication along with a Non-dairy diet, Dean stopped Garner as he was talking and explained there was nothing she could do he needed to speak with the doctor about the issue and they don't treat that at St. Charles County Jail.

7. On 12-4-20, the Nurse came on the unit for morning Meds. And I asked her what do I do about seeing the doctor regarding my medical issues that I am having and I explained my stomach issues she just explained that I have to wait on the Doctor.

8. On 12-15-20, Garner seen the doctor Walker, regarding his medical issues A knee issue, Irritable Bowel Syndrome, And Severe Lactose Intolerance. While Garner was waiting to go in the examination ^{room} to see the doctor, the nurse Jane Doe-1 stated out loud to the doctor "Garner is next to see you for his Right knee, Irritable Bowel Syndrome, And Severe

Lactose Intolerance but we don't treat Irritable Bowel Syndrome nor Lactose Intolerance AND we do not give out Non-dairy diets."

9. On 12-15-20, When Garner walked into the examination room JANE DOE-1 said you CAN see the doctor, AND Garner stated "Why Am I telling you and/or the doctor what is wrong if you have already told the doctor St. Charles don't treat irritable Bowel Syndrome or Severe Lactose Intolerance?" JANE DOE-1 stated; you didn't hear all of what I said. So I said ok and explained to the doctor I needed Vitamin D BECAUSE of Vitamin D Deficiency I am a Severe Lactose Intolerance person AND I have Irritable Bowel Syndrome AND I have been in here (Jail) without my medication since 10-29-20." Dr. Walker asked what kind of medication do you take Garner stated I take tramadol for pain and Phenergan for Nausea along with Reguloid for Constipation AND over the counter meds. for diarrhea and hemorrhoids AND it's a big problem because the two ~~meds~~ together have me messed up so I need the diet (Non-dairy). There was a nurse JANE DOE-1 AND a white shirt that ~~stated~~ was standing in the door AND both stated "we don't treat that at St. Charles County Jail nor do we give out non-dairy trays." The doctor agreed that Garner needed them items AND needed to be treated but stated there was nothing she could do. Garner asked what am I to do about these problems I am having AND the Doctor Walker AND Nurse JANE DOE-1 said I don't know. Garner's knee was also examined than he was taken back to the holding cell before returning to

his cell on H-unit.

10. Upon Information AND belief there is food on most of trays that have dairy in them AND will just make matters worse, AND Garner is not receiving the minimum 2000 calories if he avoids the dairy items.

11. Upon Information AND belief irritable Bowel Syndrome AND Severe Lactose Intolerance is considered A serious medical need that needs to be treated.

12. Upon Information AND belief the 8th amendment is violated if the food provided is inadequate to maintain good health AND the deprivation of food constitute cruel AND unusual punishment if it denies A prisoner the minimal civilized measures of life's necessities.

13. Upon Information AND belief The constitution ~~does~~ does not ensure top-notch care but Neither does it allow jails or prisons to bypass available treatments that would solve A inmates medical problem AND stick with drugs or regimens known not to work.

14. Upon Information AND belief any person that does not consume dairy products at all AND does not take vitamin D if taken a blood test would be more than likely vitamin D deficient ~~and~~ which causes other problems AND A old test would not be able to tell if A present person was deficient

in Vitamin D.

15. St. Charles Medical Staff Refuse to take Garner's Blood Sample to see if he is Vitamin D deficient and/or any other test to tell if he has Severe Lactose Intolerance and Irritable Bowel Syndrome.

16. The Medical director Nurse Jandi has explained in person and on the kiosk that St. Charles County Jail does not treat irritable bowel syndrome nor severe lactose intolerance and don't give (non-dairy) medical trays, so I will not be getting one.

17. Upon information and belief Garner has lost weight since arriving at St. Charles County Jail. Garner weighed 180 when arriving on 10-29-20.

18. Upon information and belief the only way to tell if Garner is Vitamin D Deficiency is with a Blood test.

19. There are other inmates housed at St. Charles County Jail on Medical diets for serious medical needs.

20. This is a on-going issue and the only action is the court otherwise the jail will continue to violate Garner's rights and suffer in pain due to the defendant's turning a blind eye.

~~Diarrhea~~

~~100~~

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Diarrhea, Constipation, NAUSEA, Stomach pain, Vomiting, Vitamin D Deficiency, Hemorrhoids, Anxiety. The doctor explained that Irritable Bowel Syndrome AND Severe Lactose Intolerance needs to be treated and the Nurse Jane Doe-1 AND medical director Nurse Jandi explained to her St. Charles don't treat Irritable Bowel Syndrome nor Lactose Intolerance AND don't provide these types of diets.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

Preliminary Injunction: Forcing Jail treat GARNER'S irritable Bowel Syndrome with proper medication tramadol for pain, Phenergan for Nausea and his Severe Lactose Intolerance A Medical diet of Non-dairy tray Along with Vitamin D pills and ReguloId AND hemorrhoid ointment. Punitive Damages, \$ 20,000 thousand for pain and jointly as Severly and Suffering, Compensatory Damages, \$ 20,000 thousand for violating Constitution jointly as Severly, Nominal Damages.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes ☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

St. Charles County Jail

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes ☐ No ☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes ☐ No ☐ Do not know

If yes, which claim(s)?

They Violated my 8th & 14th Amendment AND continue to violate my Rights intentionally AND knowingly.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?



Yes



No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?



Yes



No

E. If you did file a grievance:

1. Where did you file the grievance?

St. Charles County Jail

2. What did you claim in your grievance? (Attach a copy of your grievance, if available) I should have a lactose free (Non-dairy diet) BECAUSE I AM A SEVERE LACTOSE INTOLERANT PERSON, I HAVE IRRITABLE BOWEL SYNDROME that should be treated with tramadol for pain, Phenergan for NAUSEA, along with Vitamin D BECAUSE of Vitamin Deficiency due to NOT CONSUMING dairy products at all and hemorrhoid ointment, and Reguloid. (I Filed more than ONE grievance)

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

The Medical director (Nurse Jandi) wrote; Food Intolerances ARE Not honored at this facility. You may choose not to consume the food that you can not tolerate.

(Note: She refused to address and/or say anything About Irritable Bowel Syndrome in the grievance.)

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed to the highest grievance level, at St. Charles County Jail.

- F. If you did not file a grievance:

N/A

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. St. Charles County Jail does not allow you

to receive any of the grievances and to file another grievance you have to close the whole file to file another grievance, and you are not able to see what is written in your medical file nor get a copy whether or not you pay for it. The only way you can get any medical document, grievance or anything else in your St. Charles ~~medical~~ files unless you have a lawyer.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐

Yes

☒

No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐

Yes

☒

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff N/A

Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the state and county)*

N/A

3. Docket or case number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A
6. Is the case still pending?
- ☐ Yes
- ☐ No (If no, give the approximate date of disposition): N/A
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes ☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff Oscar Garner

Defendant(s) Foster, et al.

2. Court (if federal court, name the district; if state court, name the state and county)

Western Dist. of Wisconsin

3. Docket or case number 18-cv-552

4. Name of Judge assigned to your case Judge Petterson

5. Approximate date of filing lawsuit 2018

Parties to Previous lawsuit.

* Plaintiff - Oscar Garner

Defendant - Sumnicht, et al.

Western Dist. of Wisconsin

CASE No. 11-cv-829

No CASE not still pending.

I settled the case out of court.

* Plaintiff - Oscar Garner

Defendant - Ilvenchow, et al.

Eastern Dist. of Wisconsin

No CASE not still pending.

I settled the case out of court.

* Plaintiff - Oscar Garner, et al.

Defendants - Daniel Keen, et al.

Eastern Dist. of Missouri

Still Pending / Judge RLW

CASE No. 20-cv-01690 / Filed 11-30-20

* Plaintiff - Oscar Garner

Defendants - Daniel Keen, et al.

Eastern Dist. of Missouri

Still Pending / Judge Mensah's

CASE No. 20-cv-01654 / Filed 11-23-20

6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Settled law suit.

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28th day of December, 2020.

Signature of Plaintiff

